

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Pulse Physician Organization, PLLC****2. All other names debtor used in the last 8 years** **CY PRESS CARDIOLOGY, PA**Include any assumed names, trade names, and *doing business as names***3. Debtor's federal Employer Identification Number (EIN)** **8 3 - 2 1 3 3 2 6 1****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****119 Medical Park Ln Ste D**

Number Street

Huntsville, TX 77340-4980

City State ZIP Code

Walker

County

6962 Lake Paloma Trail

Number Street

Spring, TX 77389

City State ZIP Code

Location of principal assets, if different from principal place of business**5. Debtor's website (URL)** **https://pulsehealthcaresystem.com****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

☐ Chapter 7☐ Chapter 9☒ Chapter 11. Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____

List all cases. If more than 1, attach a separate list.

District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor Pulse Physician Organization, PLLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Pulse Physician Organization, PLLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2024
MM/ DD/ YYYY**X**/s/ Gaurav Aggarwala

Signature of authorized representative of debtor

Gaurav Aggarwala

Printed name

Title Owner

18. Signature of attorney

X/s/ Robert C Lane

Signature of attorney for debtor

Date 06/20/2024

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is _____.

2. The following financial data is the latest available information and refers to the debtor's condition on _____.

a. Total assets \$2,556,518.47

b. Total debts (including debts listed in 2.c., below) \$3,395,617.48

c. Debt securities held by more than 500 holders

		Approximate number of holders:
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
d. Number of shares of preferred stock	_____	_____
e. Number of shares common stock	_____	_____

Comments, if any: _____

3. Brief description of debtor's business medical office

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2024
MM/ DD/ YYYY

X/s/ Gaurav Aggarwala

Signature of individual signing on behalf of debtor

Gaurav Aggarwala

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Abbot Laboratories Inc. 1999 Bryan St. 900 Dallas, TX 75201		Medical Equipment	Disputed			\$194,750.00
2	American Express National Bank P.O. Box 6031 Carol Stream, IL 60197-6031		Credit Card	Disputed			\$107,652.74
3	Ascentium Capital 23970 Highway 59 North Kingwood, TX 77339		Medical Equipment				\$96,248.70
4	Capital One PO Box 30285 Salt Lake City, UT 84130						\$67,000.00
5	Healthpoint Medical Resource, LLC 6175 Hickory Flat Hwy Ste 110-393 Canton, GA 30115-7207		Services				\$22,137.00
6	Instafunders LLC 1019 Kane Concourse Ste 202a Bay Harbor Is, FL 33154-2138		MCA	Disputed			\$217,500.00
7	Itria Ventures 1000 N West St Suite 1200 Wilmington, DE 19801		UCC	Disputed			\$328,125.00
8	JPMorgan Chase Bank, N.A. P.O. Box 182051 Columbus, OH 43218-2051		Credit Card				\$458,558.76

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	MCA Funding Source The Law Office of Jason Gang 1245 Hewlett Plz # 478 Hewlett, NY 11557-4021		UCC	Disputed			\$546,934.00
10	NewCo Capital Group VI LLC 1545 Route 202 Ste 203 Pomona, NY 10970-2951		MCA	Disputed			\$276,562.00
11	Novus Capital Funding II LLC 7 Elmwood Drive, Suite 301 New City, NY 10956		UCC	Disputed			\$41,972.00
12	ODK Capital, LLC 175 W Jackson Blvd Ste 1000 Chicago, IL 60604-2863		UCC				\$82,700.00
13	Organogenesis Inc. 85 Dan Rd Canton, MA 02021-2810		Services	Disputed			\$21,900.00
14	Partners Capital Group, Inc. 201 Sandpointe Ave Suite 500 Santa Ana, CA 92707						\$81,773.93
15	Philips Capital P.O. Box 2594 Chicago, IL 60690-2594						\$76,215.54
16	Rocket Capital NY LLC 1250 E Hallandale Beach Blvd Ste 505 Hallandale Bch, FL 33009-4635		UCC	Disputed			\$128,480.00
17	Siemens Financial Services, Inc. 170 Wood Ave South Iselin, NJ 08830-2741		Ultrasound				\$17,335.10
18	Small Business Administration 409 3rd St Sw Washington, DC 20416-0011		UCC				\$150,000.00
19	Small Business Administration 409 3rd St Sw Washington, DC 20416-0011		UCC				\$89,501.44
20	Trustmark P.O. Box 291 Jackson, MS 39205-0291						\$213,564.73

Fill in this information to identify the case:

Debtor Name **Pulse Physician Organization, PLLC**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Capital One Bank	Checking account	9 2 9 8	\$44,293.81
3.2. JPMorgan Chase Bank	Checking account	8 0 3 1	\$17,985.38
3.3. JPMorgan Chase Bank	Checking account	8 1 2 2	\$635.00
3.4. JPMorgan Chase Bank	Savings account	6 7 9 8	\$150.47

4. Other cash equivalents (Identify all)

4.1 _____
 4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$63,064.66**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 _____

7.2 _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

11. Accounts receivable

11a. 90 days old or less: \$2,292,159.81 - unknown =..... → \$2,292,159.81
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ =..... → _____
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,292,159.81

Part 4: Investments

13. Does the debtor own any investments?

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

**Valuation method used
for current value**

**Current value of
debtor's interest**

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of

ownership:

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1 _____

16.2 _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☒ No. Go to Part 6.

☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	_____	_____	_____
20. Work in progress				
_____	MM / DD / YYYY	_____	_____	_____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	_____	_____	_____
22. Other inventory or supplies				
_____	MM / DD / YYYY	_____	_____	_____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

☒ No

☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value _____ Valuation method _____ Current value _____

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Ultrasound System	unknown		\$43,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	_____	_____	_____
42.2 _____	_____	_____	_____
42.3 _____	_____	_____	_____
43. Total of Part 7 Add lines 39 through 42. Copy the total to line 86.			\$43,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 2024 BMW X7 / VIN: 5UX23EM08R9T68358	unknown		\$116,000.00

Debtor Pulse Physician Organization, PLLC Case number (if known) _____
 Name _____

48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	_____	_____	_____	_____
48.2	_____	_____	_____	_____
49.	Aircraft and accessories			
49.1	_____	_____	_____	_____
49.2	_____	_____	_____	_____
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Avante True 12T electrocardiograph - Downtown Location	unknown		\$150.00
	MA 1 Handheld audiometer - Downtown Location	unknown		\$150.00
	Whirlpool 14.5 Cu Top-freezer WHITE - Downtown Location	unknown		\$100.00
	Digital Baby Scale W/ tray - Downtown Location	unknown		\$10.00
	120 Mini Urine analyzer - Crockett Location	unknown		\$200.00
	Health O meter Scale MODEL: 499KL - Crockett Location	unknown		\$125.00
	IBloodPressure Model:SMBP802-GS-001 - Crockett Location	unknown		\$20.00
	Welch allyn otoscope MODEL:408282 - Crockett Location	unknown		\$100.00
	IE Industries Pateint Exam Bed Model# 104 - Crockett Location	unknown		\$150.00
	Quench Water Machine Q7FS - Crockett Location	unknown		\$120.00
	Blue Patient Exam Bed Blue 2 Cabinet - Crockett Location	unknown		\$150.00
	Welch allyn otoscope MODEL:727 - Crockett Location	unknown		\$20.00
	Midmark Blue exam bed MODEL:100 - Crockett Location	unknown		\$150.00
	Portable exam lamp - Crockett Location	unknown		\$50.00
	Doctor exam stool Blue - Crockett Location	unknown		\$20.00
	IV pole - Crockett Location	unknown		\$10.00
	welch allyn vital sign machine - Crockett Location	unknown		\$150.00
	Mortara ELI105 RX - Crockett Location	unknown		\$300.00
	Lumeon tympanic infrared thermometer MODEL: GENIUS - Crockett Location	unknown		\$50.00
	Ritter Surgical Bed - Crockett Location	unknown		\$150.00

Debtor Pulse Physician Organization, PLLC Case number (if known) _____
 Name _____

<u>Amco Audio Meter Model 650AB - Crockett Location</u>	<u>unknown</u>	<u>\$100.00</u>
<u>Image Plus Xray Viewer - Crockett Location</u>	<u>unknown</u>	<u>\$100.00</u>
<u>Drucker Diagnostic MODEL 642E- Crockett Location</u>	<u>unknown</u>	<u>\$400.00</u>
<u>Aeromist Nebulizer - Crockett Location</u>	<u>unknown</u>	<u>\$10.00</u>
<u>ZOLL AED Plus - Crockett Location</u>	<u>unknown</u>	<u>\$300.00</u>
<u>TUTTNAUER VALVEKLAVE - Crockett Location</u>	<u>unknown</u>	<u>\$200.00</u>
<u>Mckesson Wheelchair MODEL: - Crockett Location</u>	<u>unknown</u>	<u>\$50.00</u>
<u>Welch Allyn Vital Signs Machine (2) - Trinity Location</u>	<u>unknown</u>	<u>\$40.00</u>
<u>Health O meter Scale MODEL: 499KL - Trinity Location</u>	<u>unknown</u>	<u>\$200.00</u>
<u>Welch Allyn Thermometer - Trinity Location</u>	<u>unknown</u>	<u>\$20.00</u>
<u>FEMOMETER Thermometer - Trinity Location</u>	<u>unknown</u>	<u>\$12.00</u>
<u>Mortara ELI105 RX - Trinity Location</u>	<u>unknown</u>	<u>\$300.00</u>
<u>Ritter 104 (2) - Trinity Location</u>	<u>unknown</u>	<u>\$200.00</u>
<u>Black DR Stool (3) - Trinity Location</u>	<u>unknown</u>	<u>\$50.00</u>
<u>Healthometer Manual Scale - Trinity Location</u>	<u>unknown</u>	<u>\$75.00</u>
<u>Welch Allyn Otoscope - Trinity Location</u>	<u>unknown</u>	<u>\$25.00</u>
<u>Healthometer Baby Scale - Trinity Location</u>	<u>unknown</u>	<u>\$20.00</u>
<u>Global BP CUFF(2) - Trinity Location</u>	<u>unknown</u>	<u>\$100.00</u>
<u>Mayo Stand 311 - Trinity Location</u>	<u>unknown</u>	<u>\$40.00</u>
<u>Select Exam Light 551 - Trinity Location</u>	<u>unknown</u>	<u>\$65.00</u>
<u>Surgical Kick Bucket - Trinity Location</u>	<u>unknown</u>	<u>\$20.00</u>
<u>Medline 120 Mini Urine Analyzer - Trinity Location</u>	<u>unknown</u>	<u>\$250.00</u>
<u>Drucker Diagnostics MODEL 642E - Trinity Location</u>	<u>unknown</u>	<u>\$100.00</u>
<u>ZOLL AED Plus - Trinity Location</u>	<u>unknown</u>	<u>\$300.00</u>
<u>WELCH ALLYN VITAL SIGNS MONITOR 6000 - Tomball Location</u>	<u>unknown</u>	<u>\$100.00</u>
<u>MORTARA-BURDICK ECG MACHINE - Tomball Location</u>	<u>unknown</u>	<u>\$200.00</u>
<u>ALARIS PC 8015 - Tomball Location</u>	<u>unknown</u>	<u>\$300.00</u>
<u>ALARIS PUMP 8100 - Tomball Location</u>	<u>unknown</u>	<u>\$300.00</u>
<u>STRYKER STRETCHER 660- Tomball Location</u>	<u>unknown</u>	<u>\$500.00</u>
<u>HILLROM STRETCHER TRANSTAR - Tomball Location</u>	<u>unknown</u>	<u>\$500.00</u>
<u>GE PATIENT MONITOR B40 (2) - Tomball Location</u>	<u>unknown</u>	<u>\$500.00</u>
<u>BIOTRONIK RENAMIC - Tomball Location</u>	<u>unknown</u>	<u>\$325.00</u>
<u>PHILIPS INTELLIVUE MP5 (2) - Tomball Location</u>	<u>unknown</u>	<u>\$500.00</u>

Debtor **Pulse Physician Organization, PLLC** Case number (if known) _____
 Name _____

STRYKER 1020 TRAUMA STRETCHER (2) - Tomball Location	unknown	\$200.00
3M INCUBATOR - Cleveland Location	unknown	\$30.00
Abbott ID Now Test Kit - Katy Location	unknown	\$50.00
Bionix Otoclear - Katy Location	unknown	\$95.00
DR Stool (2)- Katy Location	unknown	\$60.00
Brewer company Access Exam Bed (4) - Katy Location	unknown	\$300.00
CARDIAC SCIENCE TM55 Treadmill - Cypress Location	unknown	\$300.00
CARDIAC TRIGGER MONITOR 3000 - Cleveland Location	unknown	\$200.00
Drucker Diagnostic MODEL 642E - Katy Location	unknown	\$400.00
Exam Light Surgical Gooseneck (2)- Katy Location	unknown	\$150.00
GE VIVID S6 ULTRASOUND - Cypress Location	unknown	\$800.00
GENTEC PATIENT EXAM BED - Cypress Location	unknown	\$400.00
Health O meter Scale MODEL: 498KL (2) - Katy Location	unknown	\$350.00
HEALTHOMETER SCALE (4) - Cypress Location	unknown	\$500.00
HeartStart Defibrillator - Katy Location	unknown	\$750.00
LIFEPAK DEFIBRILLATOR - Cypress Location	unknown	\$500.00
LUDLUM MODEL 1000 - Cypress Location	unknown	\$100.00
MAC5500 EKG MACHINE - Cleveland Location	unknown	\$500.00
Mayo stand - Katy Location	unknown	\$20.00
MIDMARK 550 STRETCHER - Cypress Location	unknown	\$600.00
Midmark Ritter 204 beige Exam bed (3) - Katy Location	unknown	\$300.00
Midmark Surgical Bed (3) - Katy Location	unknown	\$300.00
MINDRAY PM-8000 EXPRESS MONITOR - Cleveland Location	unknown	\$200.00
Nebulizer - Katy Location	unknown	\$10.00
PATIENT EXAM BED WOODEN (2) - Cypress Location	unknown	\$450.00
Patient Scale - Katy Location	unknown	\$400.00
PATIENT SCALE LUMEON - Cypress Location	unknown	\$200.00
PHILIPS CARDIOMD GAMMA CAMERA SYSTEM - Cypress Location	unknown	\$10,000.00
PHILIPS CARDIOMD GAMMA CAMERA SYSTEM - Cleveland Location	unknown	\$10,000.00
PULMONE PFT MACHINE - Cypress Location	unknown	\$500.00
Pro Advantage Urine Analyzer - Katy Location	unknown	\$150.00

Debtor **Pulse Physician Organization, PLLC** Case number (if known) _____
 Name _____

**RITTER 204 MIDMARK PATIENT EXAM BED (2) -
 Cypress Location**

unknown

\$200.00

RITTER M9 AUTOCLAVE - Cleveland Location

unknown

\$500.00

Ritter M9 UltraClave - Katy Location

unknown

\$500.00

Ritter M9 UltraClave - Cypress Location

unknown

\$500.00

SIEMENS ULTRASOUND CART - Cypress Location

unknown

\$1,000.00

**WELCH ALLYN ORAL THERMOMETER - Cleveland
 Location**

unknown

\$150.00

Welch allyn otoscope (10) - Katy Location

unknown

\$700.00

WELCH ALLYN OTOSCOPE - Cypress Location

unknown

\$200.00

**WELCH ALLYN RECTAL THERMOMETER - Cleveland
 Location**

unknown

\$150.00

**WELCH ALLYN VITAL SIGN MONITOR - Cypress
 Location**

unknown

\$300.00

Welch Allyn Vital Sugn Monitor - Katy Location

unknown

\$300.00

ZOLL AED DEFIB - Cypress Location

unknown

\$300.00

ZOLL DEFIB - Cleveland Location

unknown

\$300.00

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$158,292.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

55.5 _____

55.6 _____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**

<u>https://pulsehealthcaresystem.com</u>	<u>unknown</u>		<u>\$1.00</u>
--	----------------	--	---------------

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

<u>Medical Records</u>	<u>unknown</u>		<u>\$1.00</u>
------------------------	----------------	--	---------------

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

<u>\$2.00</u>

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

Debtor Pulse Physician Organization, PLLC
Name

Case number (if known) _____

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	—	_____	= →	_____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$63,064.66</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	_____	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$2,292,159.81</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	_____	
84. Inventory. <i>Copy line 23, Part 5.</i>	_____	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	_____	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$43,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$158,292.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u> </u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$2.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ _____	
91. Total. <i>Add lines 80 through 90 for each column.</i>91a.	<u>\$2,556,518.47</u>	+ 91b. <u> </u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$2,556,518.47</u>

Fill in this information to identify the case:

Debtor name **Pulse Physician Organization, PLLC**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name**BMW Financial Services NA, LLC****Describe debtor's property that is subject to a lien****2024 BMW X7****\$118,000.00****\$116,000.00****Creditor's mailing address****5550 Britton Pkwy****Describe the lien****Hilliard, OH 43026****Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Creditor's email address, if known**Is anyone else liable on this claim?**

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred **09/01/2023****Last 4 digits of account number** _____**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$2,130,367.88**

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.2 Creditor's name Instafunders LLC	Describe debtor's property that is subject to a lien _____	\$217,500.00	unknown
Creditor's mailing address 1019 Kane Concourse Ste 202a	_____		
Bay Harbor Is, FL 33154-2138	Describe the lien MCA		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name Itria Ventures <hr/> Creditor's mailing address 1000 N West St Suite 1200 <hr/> Wilmington, DE 19801 <hr/> Creditor's email address, if known <hr/> Date debt was incurred 08/14/2023 <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ <hr/> Remarks: MCA	Describe debtor's property that is subject to a lien <hr/> <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$328,125.00 <hr/>	unknown <hr/>
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Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4 Creditor's name MCA Funding Source <hr/> Creditor's mailing address The Law Office of Jason Gang <hr/> 1245 Hewlett Plz # 478 <hr/> Hewlett, NY 11557-4021 <hr/> Creditor's email address, if known <hr/> Date debt was incurred 04/05/2024 <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ <hr/> Remarks: MCA	Describe debtor's property that is subject to a lien <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$546,934.00	unknown
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Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	NewCo Capital Group VI LLC		\$276,562.00	unknown
	Creditor's mailing address			
	1545 Route 202 Ste 203			
	Pomona, NY 10970-2951			
	Creditor's email address, if known	Describe the lien		
		MCA		
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6 Creditor's name Novus Capital Funding II LLC <hr/> Creditor's mailing address 7 Elmwood Drive, Suite 301 <hr/> New City, NY 10956 <hr/> Creditor's email address, if known <hr/> Date debt was incurred 3/27/24 <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ <hr/> Remarks: MCA	Describe debtor's property that is subject to a lien <hr/> <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$41,972.00	unknown
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Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	ODK Capital, LLC		\$82,700.00	unknown
	Creditor's mailing address			
	175 W Jackson Blvd Ste 1000			
	Chicago, IL 60604-2863			
	Creditor's email address, if known	Describe the lien		
		UCC		
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
	Remarks: Business Loan			

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.8	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Philips Capital		\$76,215.54	unknown
	Creditor's mailing address			
	P.O. Box 2594			
	Chicago, IL 60690-2594	Describe the lien		
	Creditor's email address, if known			
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number 4 1 8 6	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Philips Capital		\$14,552.88	unknown
	Creditor's mailing address			
	P.O. Box 2594			
	Chicago, IL 60690-2594	Describe the lien		
	Creditor's email address, if known			
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number 6 7 4 6	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Pulse Physician Organization, PLLC**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.10 Creditor's name Rocket Capital NY LLC</p> <p>Creditor's mailing address 1250 E Hallandale Beach Blvd Ste 505 Hallandale Bch, FL 33009-4635</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred 04/09/2024</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> <p>Remarks: MCA</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$128,480.00</p>	<p>unknown</p>
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Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.11 Creditor's name <u>Siemens Financial Services, Inc.</u></p> <p>Creditor's mailing address <u>170 Wood Ave South</u> <u>Iselin, NJ 08830-2741</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>09/19/2019</u></p> <p>Last 4 digits of account number <u>1 4 3 1</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ </p>	<p>Describe debtor's property that is subject to a lien _____ _____</p> <p>Describe the lien <u>Ultrasound</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). </p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p>	<p>\$4,807.89</p>	<p>unknown</p>
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[illegible]

Part 1:		Additional Page		<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.					
2.13	Creditor's name <u>Siemens Financial Services, Inc.</u>	Describe debtor's property that is subject to a lien _____		\$17,335.10	unknown
	Creditor's mailing address <u>170 Wood Ave South</u> <u>Iselin, NJ 08830-2741</u>	Describe the lien <u>Ultrasound</u>			
	Creditor's email address, if known _____ Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Last 4 digits of account number <u>5</u> <u>8</u> <u>1</u> <u>6</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				

Part 1:		Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.				
2.14	Creditor's name <u>Siemens Financial Services, Inc.</u>	Describe debtor's property that is subject to a lien _____	\$16,902.33	unknown
	Creditor's mailing address <u>170 Wood Ave South</u> <u>Iselin, NJ 08830-2741</u>	Describe the lien <u>Ultrasound</u>		
	Creditor's email address, if known _____ Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number <u>5</u> <u>8</u> <u>1</u> <u>7</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1:		Additional Page		<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.					
2.15	Creditor's name <u>Siemens Financial Services, Inc.</u>	Describe debtor's property that is subject to a lien _____		<u>\$10,391.51</u>	<u>unknown</u>
	Creditor's mailing address <u>170 Wood Ave South</u> <u>Iselin, NJ 08830-2741</u>	_____ _____ Describe the lien <u>Ultrasound</u>			
	Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Date debt was incurred _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
	Last 4 digits of account number <u>5</u> <u>8</u> <u>1</u> <u>8</u>				
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.16	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Small Business Administration		\$150,000.00	unknown
	Creditor's mailing address			
	409 3rd St Sw			
	Washington, DC 20416-0011	Describe the lien		
	Creditor's email address, if known	UCC		
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
	Remarks: EIDL			

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.17	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Small Business Administration		\$89,501.44	unknown
	Creditor's mailing address			
	409 3rd St Sw			
	Washington, DC 20416-0011	Describe the lien		
	Creditor's email address, if known	UCC		
	Date debt was incurred	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number 7 8 0 2	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
	Remarks: EIDL			

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Padfield & Stout 420 Throckmorton Street Suite 1210 Fort Worth, TX 76102	Line 2. <u>2</u>	_____
Piekarski Law PLLC Adam Nichols, Esq. 1 Whitehall St., 2nd Floor New York, NY 10004-2125	Line 2. <u>5</u>	_____
Austin LLP David J. Austin, Esq. 43 W 43rd St., Suite 288 New York, NY 10036-7424	Line 2. <u>6</u>	_____
On Deck Capital Service Center 4201 Wilson Blvd Ste 110-209 Arlington, VA 22203	Line 2. <u>7</u>	_____
Yankovich, Esq., Boris 1 World Trade Ctr Ste 8500 New York, NY 10007-0089	Line 2. <u>10</u>	_____
Yankovich, Boris 415 Ocean View Avenue Floor 3 Brooklyn, NY 11235	Line 2. <u>10</u>	_____
Russo & Gould LLP 33 Whitehall Street New York, NY 10004	Line 2. <u>10</u>	_____
U.S. Small Business Administration (SBA) - All Divisions Little Rock Commercial Loan Servicing Center 2120 Riverfront Drive 100 Little Rock, AR 72202	Line 2. <u>16</u>	_____
_____ _____ _____	Line 2. ____	_____

Debtor **Pulse Physician Organization, PLLC**
Name

Case number (if known) _____

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

_____	Line 2. ____	____ _

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____

2.2

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____

Debtor Pulse Physician Organization, PLLC
Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Abbot Laboratories Inc.</u> <u>1999 Bryan St. 900</u> <u>Dallas, TX 75201</u> Date or dates debt was incurred <u>10/5/22</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Medical Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$194,750.00</u>
3.2	Nonpriority creditor's name and mailing address <u>American Express National Bank</u> <u>P.O. Box 6031</u> <u>Carol Stream, IL 60197-6031</u> Date or dates debt was incurred <u>08/30/2023</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$107,652.74</u>
3.3	Nonpriority creditor's name and mailing address <u>Ascentium Capital</u> <u>23970 Highway 59 North</u> <u>Kingwood, TX 77339</u> Date or dates debt was incurred <u>02/20/2024</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$96,248.70</u>
3.4	Nonpriority creditor's name and mailing address <u>Capital One</u> <u>PO Box 30285</u> <u>Salt Lake City, UT 84130</u> Date or dates debt was incurred <u> </u> <u> </u> <u> </u> <u> </u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$67,000.00</u>

Debtor Pulse Physician Organization, PLLC
Name

Case number (if known) _____

Part 2: Additional Page

<p>3.5 Nonpriority creditor's name and mailing address</p> <p><u>Healthpoint Medical Resource, LLC</u></p> <p><u>6175 Hickory Flat Hwy Ste 110-393</u></p> <p><u>Canton, GA 30115-7207</u></p> <p>Date or dates debt was incurred <u>03/25/2024</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$22,137.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.6 Nonpriority creditor's name and mailing address</p> <p><u>JPMorgan Chase Bank, N.A.</u></p> <p><u>P.O. Box 182051</u></p> <p><u>Columbus, OH 43218-2051</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$458,558.76</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.7 Nonpriority creditor's name and mailing address</p> <p><u>Organogenesis Inc.</u></p> <p><u>85 Dan Rd</u></p> <p><u>Canton, MA 02021-2810</u></p> <p>Date or dates debt was incurred <u>02/07/2024</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$21,900.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.8 Nonpriority creditor's name and mailing address</p> <p><u>Partners Capital Group, Inc.</u></p> <p><u>201 Sandpointe Ave Suite 500</u></p> <p><u>Santa Ana, CA 92707</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$81,773.93</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor **Pulse Physician Organization, PLLC**
 Name _____

Case number (if known) _____

Part 2: Additional Page

3.9	Nonpriority creditor's name and mailing address Trustmark P.O. Box 291 Jackson, MS 39205-0291	As of the petition filing date, the claim is: <u>\$213,564.73</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred	_____		
Last 4 digits of account number	<u>4</u> <u>5</u> <u>5</u> <u>6</u>		
3.10	Nonpriority creditor's name and mailing address US Bank National Association PO Box 790448 Saint Louis, MO 63179-0448	As of the petition filing date, the claim is: <u>\$1,663.74</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred	_____		
Last 4 digits of account number	_ _ _ _		

Debtor **Pulse Physician Organization, PLLC**
Name _____

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Express Legal 2401 Fountain View Dr Ste 306 Houston, TX 77057-4854	Line 3.2 <input type="checkbox"/> Not listed. Explain _____	____ _
4.2	Barnett & Garcia 3821 Juniper Trace Suite 108 Austin, TX 78738	Line 3.1 <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor **Pulse Physician Organization, PLLC**
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$1,265,249.60

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$1,265,249.60

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Pulse Medical Office Lease - Pearland</u>	<u>Jung Kwak</u>
		<u>Contract to be REJECTED</u>	<u>2621 Sunfish Dr</u>
	State the term remaining	<u>0 months</u>	<u>Pearland, TX 77584-3041</u>
	List the contract number of any government contract	_____	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Pulse Medical Office Lease</u>	<u>Medical Office Park - Huntsville, LP</u>
		<u>Contract to be ASSUMED</u>	<u>Attn: Lisa Dominey</u>
	State the term remaining	<u>0 months</u>	<u>100 Medical Center Blvd Ste 204</u>
	List the contract number of any government contract	_____	<u>Conroe, TX 77304-2821</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Pulse Medical Office Lease - Katy</u>	<u>Millrock Investment Fund 1, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>Attn: Kevin Long</u>
	State the term remaining	<u>156 months</u>	<u>2100 S. Pleasant Grove Blvd, Suite 275</u>
	List the contract number of any government contract	_____	<u>Pleasant Grove, UT 84062</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Pulse Medical Office Lease</u>	<u>Moto Huntsville, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>100 Medical Center Blvd, Suite 204 Attn: David Anderson</u>
	State the term remaining	<u>0 months</u>	<u>2232 Dunstan Rd</u>
	List the contract number of any government contract	_____	<u>Houston, TX 77005-2626</u>

Debtor Pulse Physician Organization, PLLC
Name _____

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical Office Lease - Cypress</u> <u>Contract to be REJECTED</u>	<u>North Cypress Land Ventures POB, Ltd.</u> <u>21216 Northwest Freeway Ste 210</u>
	State the term remaining	<u>102 months</u>	<u>Cypress, TX 77429</u>
	List the contract number of any government contract	_____	
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Equipment Lease</u> <u>Contract to be ASSUMED</u>	<u>Siemens Financial Services, Inc.</u> <u>170 Wood Ave South</u>
	State the term remaining	<u>0 months</u>	<u>Iselin, NJ 08830-2741</u>
	List the contract number of any government contract	_____	
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Office</u> <u>Contract to be ASSUMED</u>	<u>Spectre Innovations LLC</u> <u>6962 Lake Paloma Trl</u>
	State the term remaining	<u>0 months</u>	<u>The Woodlands, TX 77389-4875</u>
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Achy Legs Clinics, LLC</u>	<u>2450 Kuykendahl Rd</u> Street <u>Tomball, TX 77375</u> City State ZIP Code	<u>Itria Ventures</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>NewCo Capital Group VI LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Millrock Investment Fund 1, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<u>Instafunders LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>MCA Funding Source</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Novus Capital Funding II LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Pulse Physician Organization, PLLC** Case number (if known) _____
 Name _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.2 <u>Aggarwala, Gaurav</u>	<u>74 Waterton Cove Pl</u> Street <u>The Woodlands, TX 77380-4619</u> City State ZIP Code	<u>BMW Financial Services NA, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Itria Ventures</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Medical Office Park - Huntsville, LP</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<u>Moto Huntsville, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<u>NewCo Capital Group VI LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>American Express National Bank</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Instafunders LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>ODK Capital, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Rocket Capital NY LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>MCA Funding Source</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Novus Capital Funding II LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Healthpoint Medical Resource, LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>North Cypress Land Ventures POB, Ltd.</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
		<u>Siemens Financial Services, Inc.</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **Pulse Physician Organization, PLLC** Case number (if known) _____
Name _____

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.3	Spectre Innovations LLC	6962 Lake Paloma Trl	Itria Ventures	<input checked="" type="checkbox"/> D
		Street		<input type="checkbox"/> E/F
				<input type="checkbox"/> G
		The Woodlands, TX 77389-4875	NewCo Capital Group VI LLC	<input checked="" type="checkbox"/> D
		CityStateZIP Code		<input type="checkbox"/> E/F
			Millrock Investment Fund 1, LLC	<input type="checkbox"/> G
			<input type="checkbox"/> D	
			<input type="checkbox"/> E/F	
			<input checked="" type="checkbox"/> G	
			<input checked="" type="checkbox"/> D	
			<input type="checkbox"/> E/F	
			<input type="checkbox"/> G	
			<input checked="" type="checkbox"/> D	
			<input type="checkbox"/> E/F	
			<input type="checkbox"/> G	
2.4				<input type="checkbox"/> D
		Street		<input type="checkbox"/> E/F
				<input type="checkbox"/> G
		CityStateZIP Code		
2.5				<input type="checkbox"/> D
		Street		<input type="checkbox"/> E/F
				<input type="checkbox"/> G
		CityStateZIP Code		
2.6				<input type="checkbox"/> D
		Street		<input type="checkbox"/> E/F
				<input type="checkbox"/> G
		CityStateZIP Code		

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$2,556,518.47**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$2,556,518.47**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$2,130,367.88**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$1,265,249.60**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$3,395,617.48

Fill in this information to identify the case:

Debtor name Pulse Physician Organization, PLLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY☒ Operating a business\$5,858,000.00☐ Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$43,500,000.00☐ Other _____

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$24,033,432.00☐ Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.	<div><div>NewCo Capital Group VI LLC</div><div>Creditor's name</div><div>1545 Route 202, Suite 203</div><div>Street</div><div></div><div>Pomona, NY 10970</div><div>CityStateZIP Code</div></div>	<div>03/22/2024</div> <div>03/29/2024</div> <div></div>	<div>\$45,342.00</div> <div></div> <div></div>	<div><input checked="" type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input type="checkbox"/> Other</div>
3.2.	<div><div>Novus Capital Funding</div><div>Creditor's name</div><div>7 Elmwood Drive, Suite 301</div><div>Street</div><div></div><div>New City, NY 10956</div><div>CityStateZIP Code</div></div>	<div></div> <div></div> <div></div>	<div>\$62,958.00</div> <div></div> <div></div>	<div><input checked="" type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input type="checkbox"/> Other</div>
3.3.	<div><div>Philips Capital</div><div>Creditor's name</div><div>P.O. Box 2594</div><div>Street</div><div></div><div>Chicago, IL 60690-2594</div><div>CityStateZIP Code</div></div>	<div>10/31/2019</div> <div></div> <div></div>	<div>\$12,702.00</div> <div></div> <div></div>	<div><input checked="" type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input type="checkbox"/> Other</div>
3.4.	<div><div>Rocket Capital NY LLC</div><div>Creditor's name</div><div>1250 E Hallandale Beach Blvd Ste 505</div><div>Street</div><div></div><div>Hallandle Bch, FL 33009-4635</div><div>CityStateZIP Code</div></div>	<div>3/20/24</div> <div>3/21/24</div> <div>3/22/24</div> <div>3/25/24</div> <div>3/26/24</div> <div>3/27/24</div> <div>3/28/24</div> <div>3/29/24</div> <div>4/1/24</div> <div>4/2/24</div> <div>4/3/24</div>	<div>\$59,962.00</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div><input checked="" type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input type="checkbox"/> Other</div>

Name

4/4/24

4/5/24

4/9/24

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
<div>4.1. <u>Aggarwala, Gaurav</u></div> <div>Creditor's name</div> <div><u>74 Waterton Cove PI</u></div> <div>Street</div> <div></div> <div><u>The Woodlands, TX 77380-4619</u></div> <div>City State ZIP Code</div> <div>Relationship to debtor</div> <div><u>Owner</u></div>	<div><u>Last 12</u></div> <div><u>months</u></div> <div><u>Gross</u></div> <div><u>Income</u></div>	<div><u>\$600,000.00</u></div>	<div><u>Payroll</u></div> <div></div> <div></div>

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
<div>5.1. <u></u></div> <div>Creditor's name</div> <div><u></u></div> <div>Street</div> <div></div> <div><u></u></div> <div>City State ZIP Code</div>	<u></u>	<u></u>	<u></u>

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<u></u>			

Debtor **Pulse Physician Organization, PLLC**

Case number (if known)

Name

6.1.

Creditor's name

XXXX- _ _ _ _

Street

City

State

ZIP Code

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

7.1.

Case title	Nature of case	Court or agency's name and address	Status of case
Abbott Laboratories Inc. vs Pulse Physician Organization, et al.	Breach of Contract	129th District Court, Harris County Texas Name 201 Caroline St Fl 10 Street Houston, TX 77002-1901 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 2024-26443			

7.2.

Case title	Nature of case	Court or agency's name and address	Status of case
American Express National Bank vs Pulse Physician Organization, et al.	Breach of Contract	284th District Court, Montgomery County, Texas Name 301 North Main 201 Street Conroe, TX 77301 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24-04-04966			

7.3.

Case title	Nature of case	Court or agency's name and address	Status of case
Instafunders LLC vs Pulse Physician Organization, et al.	Breach of Contract	Montgomery County - 457th Judicial District Court Name 301 North Main Suite 200 Street Conroe, TX 77301 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24-04-06553			

7.4.

Case title	Nature of case	Court or agency's name and address	Status of case
Rocket Capital NY LLC vs Pulse Physician, et. al	Breach of Contract	Supreme Court of the State Of New York County of Ontario Name 27 N Main St Street Canandaigua, NY 14424-1447 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 138636-2024			

Debtor **Pulse Physician Organization, PLLC** Case number (if known)

Name

7.5.	Case title	Nature of case	Court or agency's name and address	Status of case
	NewCo Capital Group VI LLC vs. Pulse Physician Organization, et al.	Breach of Contract	Supreme Court of the State of New York County of Monroe Name 99 Exchange Blvd Street Hall of Justice 5th Floor, Room 545 Rochester, NY 14614-2112 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number E2024006536			
7.6.	Case title	Nature of case	Court or agency's name and address	Status of case
	Novus Capital Funding II LLC vs Pulse Physician Organization, et al.	Breach of Contract	Supreme Court of the State of New York County of Kings Name 360 Adams St 4 Street Brooklyn, NY 11201 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number 510802/2024			
7.7.	Case title	Nature of case	Court or agency's name and address	Status of case
	MCA Funding Source vs Pulse Physician Organization	Breach of Contract	Supreme Court of the State of New York County of Monroe Name 99 Exchange Blvd Street Hall of Justice 5th Floor, Room 545 Rochester, NY 14614-2112 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number E2024006034			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name Street City State ZIP Code	Case title Case number Date of order or assignment	Court name and address Name Street City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Debtor **Pulse Physician Organization, PLLC**

Case number (if known)

Name

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name Street City State ZIP Code			
	Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	The Lane Law Firm	Attorney's Fee	04/08/2024	\$10,000.00
	Address 6200 Savoy Dr Ste 1150 Street Houston, TX 77036-3369 City State ZIP Code	Attorney's Fee	05/14/2024	\$15,000.00
	Email or website address billing@lanelaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. Street	From To
City	State ZIP Code

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 —diagnosing or treating injury, deformity, or disease, or
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. **Pulse Physician Organization, PLLC**

Facility name

74 Waterton Cove Place

Street

Spring, TX 77380-4619

City State ZIP Code

Healthcare Practice

Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. **Medical records**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

_____	EIN: _ _ - _ _ _ _ _
-------	----------------------

Has the plan been terminated?

☐ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-----------------	--	---

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name

18.1 **Bank of America**XXXX- 5 3 5 1

Name

P.O. Box 660441

Street

Dallas, TX 75266-0441

City State ZIP Code

☒ Checking☐ Savings☐ Money market☐ Brokerage☐ Other18.2 **JPMorgan Chase Bank, N.A.**XXXX- 3 8 1 1

Name

P.O. Box 182051

Street

Columbus, OH 43218-2051

City State ZIP Code

☒ Checking☐ Savings☐ Money market☐ Brokerage☐ Other18.3 **JPMorgan Chase Bank, N.A.**XXXX- 9 0 8 8

Name

P.O. Box 182051

Street

Columbus, OH 43218-2051

City State ZIP Code

☒ Checking☐ Savings☐ Money market☐ Brokerage☐ Other18.4 **American Express**

XXXX- _ _ _ _

Name

P.O. Box 297817

Street

Bankruptcy Unit**Fort Lauderdale, FL 33329**

City State ZIP Code

☐ Checking☐ Savings☐ Money market☐ Brokerage☒ Other19. **Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None19.1 **Depository institution name and address****Names of anyone with access to it****Description of the contents****Does debtor still have it?**

Name

Street

City State ZIP Code

Address☐ No☐ Yes20. **Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Debtor

Pulse Physician Organization, PLLC

Case number (if known)

Name

20.1

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Public Storage			<input type="checkbox"/> No
Name			<input checked="" type="checkbox"/> Yes
P.O. Box 25050			
Street			
ATTN: Customer Service			
Glendale, CA 91221	Address		
City State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____	_____	EIN: ____ - ____ - ____
Name _____		Dates business existed
Street _____		From _____ To _____

City _____ State _____ ZIP Code _____		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name

Name and address**Dates of service**26a.1. **Viking Advisory Group**

From _____ To _____

Name

25511 Budde Road Unit 1102

Street

Tower Building**The Woodlands, TX 77380**

City

State

ZIP Code

Name and address**Dates of service**26a.2. **K.C. Tax & Bookkeeping Services**

From _____ To _____

Name

8787 Sienna Springs Blvd Apt 1013

Street

Missouri City, TX 77459-6077

City

State

ZIP Code

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**26b.1. **Viking Advisory Group**

From _____ To _____

Name

25511 Budde Road Unit 1102

Street

Tower Building**The Woodlands, TX 77380**

City

State

ZIP Code

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. **Viking Advisory Group**

Name

25511 Budde Road Unit 1102

Street

Tower Building**The Woodlands, TX 77380**

City

State

ZIP Code

- 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Debtor **Pulse Physician Organization, PLLC**

Case number (if known) _____

Name

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
inventory****The dollar amount and basis (cost, market, or
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**Name****Address****Position and nature of any
interest****% of interest, if any**Aggarwala, Gaurav74 Waterton Cove Pl The Woodlands, TX
77380-4619Owner,100.00%**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.**Name****Address****Position and nature of any
interest****Period during which
position or interest was
held**

From _____

To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Debtor

Pulse Physician Organization, PLLC

Case number (if known)

Name

Name and address of recipient

Amount of money or description
and value of property

Dates

Reason for providing
the value

30.1.

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2024

MM/ DD/ YYYY

X /s/ Gaurav Aggarwala

Signature of individual signing on behalf of the debtor

Printed name

Gaurav AggarwalaPosition or relationship to debtor OwnerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Pulse Physician Organization, PLLC

Case No. _____

DebtorChapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$50,000.00**

Prior to the filing of this statement I have received **\$25,000.00**

Balance Due **\$25,000.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/20/2024

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Pulse Physician Organization, PLLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **06/20/2024**

Signature **/s/ Gaurav Aggarwala**
Gaurav Aggarwala, Owner

ABBOT LABORATORIES INC.
1999 BRYAN ST. 900
DALLAS, TX 75201

ACHY LEGS CLINICS, LLC
2450 KUYKENDAHL RD
TOMBALL, TX 77375

GAURAV AGGARWALA
74 WATERTON COVE PL
THE WOODLANDS, TX 77380-4619

AMERICAN EXPRESS LEGAL
2401 FOUNTAIN VIEW DR STE 306
HOUSTON, TX 77057-4854

AMERICAN EXPRESS
NATIONAL BANK
P.O. BOX 6031
CAROL STREAM, IL 60197-6031

ASCENTIUM CAPITAL
23970 HIGHWAY 59 NORTH
KINGWOOD, TX 77339

AUSTIN LLP
DAVID J. AUSTIN, ESQ.
43 W 43RD ST., SUITE 288
NEW YORK, NY 10036-7424

BARNETT & GARCIA
3821 JUNIPER TRACE SUITE 108
AUSTIN, TX 78738

BMW FINANCIAL SERVICES
NA, LLC
5550 BRITTON PKWY
HILLIARD, OH 43026

CAMS REALTY
ATTN MARY STREET
2015 W. GROVE PKWY STE J
PLEASANT GROVE, UT 84062

CAPITAL ONE
PO BOX 30285
SALT LAKE CITY, UT 84130

HEALTHPOINT MEDICAL
RESOURCE, LLC
6175 HICKORY FLAT HWY STE 110-393
CANTON, GA 30115-7207

INSTAFUNDERS LLC
1019 KANE CONCOURSE STE 202A
BAY HARBOR IS, FL 33154-2138

ITRIA VENTURES
1000 N WEST ST SUITE 1200
WILMINGTON, DE 19801

JPMORGAN CHASE BANK, N.A.
P.O. BOX 182051
COLUMBUS, OH 43218-2051

JUNG KWAK
2621 SUNFISH DR
PEARLAND, TX 77584-3041

MCA FUNDING SOURCE
THE LAW OFFICE OF JASON GANG
1245 HEWLETT PLZ # 478
HEWLETT, NY 11557-4021

MEDICAL OFFICE PARK -
HUNTSVILLE, LP
ATTN: LISA DOMINEY
100 MEDICAL CENTER BLVD STE 204
CONROE, TX 77304-2821

MILLROCK INVESTMENT
FUND 1, LLC
ATTN: KEVIN LONG
2100 S. PLEASANT GROVE BLVD, SUITE
275
PLEASANT GROVE, UT 84062

MOTO HUNTSVILLE, LLC
100 MEDICAL CENTER BLVD, SUITE 204
ATTN: DAVID ANDERSON
2232 DUNSTAN RD
HOUSTON, TX 77005-2626

NEWCO CAPITAL GROUP VI
LLC
1545 ROUTE 202 STE 203
POMONA, NY 10970-2951

NORTH CYPRESS LAND
VENTURES POB, LTD.
21216 NORTHWEST FREEWAY STE 210
CYPRESS, TX 77429

NOVUS CAPITAL FUNDING II
LLC
7 ELMWOOD DRIVE, SUITE 301
NEW CITY, NY 10956

ODK CAPITAL, LLC
175 W JACKSON BLVD STE 1000
CHICAGO, IL 60604-2863

ON DECK CAPITAL SERVICE
CENTER

4201 WILSON BLVD STE 110-209
ARLINGTON, VA 22203

ORGANOGENESIS INC.

85 DAN RD
CANTON, MA 02021-2810

PADFIELD & STOUT

420 THROCKMORTON STREET SUITE
1210
FORT WORTH, TX 76102

PARTNERS CAPITAL GROUP,
INC.

201 SANDPOINTE AVE SUITE 500
SANTA ANA, CA 92707

PHILIPS CAPITAL

P.O. BOX 2594
CHICAGO, IL 60690-2594

PIEKARSKI LAW PLLC

ADAM NICHOLS, ESQ.
1 WHITEHALL ST., 2ND FLOOR
NEW YORK, NY 10004-2125

PROMED MANAGEMENT
SERVICES, INC.

ATTN: LISA DOMINEY
100 MEDICAL CENTER BLVD STE 204
CONROE, TX 77304-2821

PULSE PHYSICIAN
ORGANIZATION, PLLC

119 MEDICAL PARK LN STE D
HUNTSVILLE, TX 77340-4980

ROCKET CAPITAL NY LLC
1250 E HALLANDALE BEACH BLVD STE
505
HALLANDALE BCH, FL 33009-4635

RUSSO & GOULD LLP
33 WHITEHALL STREET
NEW YORK, NY 10004

SIEMENS FINANCIAL
SERVICES, INC.
170 WOOD AVE SOUTH
ISELIN, NJ 08830-2741

SMALL BUSINESS
ADMINISTRATION
409 3RD ST SW
WASHINGTON, DC 20416-0011

SPECTRE INNOVATIONS LLC
6962 LAKE PALOMA TRL
THE WOODLANDS, TX 77389-4875

THE LANE LAW FIRM
6200 SAVOY DR STE 1150
HOUSTON, TX 77036-3369

TRUSTMARK
P.O. BOX 291
JACKSON, MS 39205-0291

U.S. SMALL BUSINESS
ADMINISTRATION (SBA) -
ALL DIVISIONS
LITTLE ROCK COMMERCIAL LOAN
SERVICING CENTER
2120 RIVERFRONT DRIVE 100
LITTLE ROCK, AR 72202

US BANK NATIONAL
ASSOCIATION
PO BOX 790448
SAINT LOUIS, MO 63179-0448

BORIS YANKOVICH
415 OCEAN VIEW AVENUE FLOOR 3
BROOKLYN, NY 11235

BORIS YANKOVICH, ESQ.
1 WORLD TRADE CTR STE 8500
NEW YORK, NY 10007-0089